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CONFIRMATION NO. 4129

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/643,456   | <b>FILING OR 371(c) DATE</b><br>08/19/2003<br><b>RULE</b>   | <b>CLASS</b><br>345           | <b>GROUP ART UNIT</b><br>2173   | <b>ATTORNEY DOCKET NO.</b><br>12382.0016 |
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| <b>** CONTINUING DATA *****</b> <i>None KU</i>   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>None KU</i>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 11/13/2003</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Allowance<br>Verified and <i>Kuen Va</i><br>Acknowledged <i>KU</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>UT | <b>SHEETS DRAWING</b><br>30   | <b>TOTAL CLAIMS</b><br>30                |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                               |   |  |
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| <b>TITLE</b><br>Electronic medical reference library device  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>465  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |